

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Blood Banks
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-26 MAA

Issued: June 30, 2003

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-23 MAA

**Subject: Blood Banks: Fee Schedule Changes and Discontinued State-Unique
Procedure Codes**

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will:

- Implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- Implement the updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- Implement the Year 2003 additions of Current Procedural Terminology (CPT™) codes;
- Implement the additions to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; **AND**
- **Discontinue** all state-unique procedure codes previously used in the Blood Bank Services Billing Instructions.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs and clinical laboratory fees. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes. MAA is currently upgrading its claims processing system to accommodate these changes.

Discontinued State-Unique Codes

Effective for dates of service after **June 30, 2003**, the following state-unique codes will be discontinued:

Discontinued State-Unique Code	Description
0800M	Anti-hemophilic factor, per unit
0801M	Stimate nasal spray

Replacement Codes

The following HCPCS codes replace the discontinued state-unique codes:

Procedure Code	Description	7/1/03 Maximum Allowable Fee
J7190	Factor viii	\$0.79
J7191	Factor VIII (porcine)	1.85
J7192	Factor viii recombinant	1.14
J7193	Factor IX non-recombinant	1.01
J7194	Factor ix complex	0.33
J7195	Factor IX recombinant	1.01
J7197	Antithrombin iii injection	1.13
J7198	Anti-inhibitor	1.29
Q0187	Factor viia recombinant	1,517.04
J3490	Unclassified drug (Use for Stimate Nasal Spray)	Acquisition Cost



Note: Claims billed with unlisted drug code J3490 must include the National Drug Code (NDC), the strength, and the dosage of the drug given in the comments section of the claim form.

Attached are updated replacement pages 9-16 for MAA's Blood Bank Services Billing Instructions, dated July 1999. To obtain this fee schedule electronically go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief descriptions of CPT® procedure codes. To view the entire description, please refer to your current CPT® book.

Radiology and Laboratory Services

Procedure Code/ Modifier	Brief Description	7/1/03 Maximum Allowable Fee
36415	Drawing blood	\$2.45
36416	Capillary blood draw	2.45
36430	Blood transfusion service	24.12
36450	Exchange transfusion service	69.62
36511	Apheresis wbc	56.42
36512	Apheresis rbc	56.42
36516	Apheresis, selective	56.42
36522	Photopheresis	194.51
36535	Removal of access device	119.44
36550	Declot vascular device	14.33
38205	Harvest allogenic stem cells	48.69
38206	Harvest auto stem cells	48.69
38207	Cryopreserve stem cells	B.R.
38208	Thaw preserved stem cells	B.R.
38209	Wash harvest stem cells	B.R.
38210	T-cell depletion of harvest	B.R.
38211	Tumor cell deplete of harvest	B.R.
38212	Rbc depletion of harvest	B.R.
38213	Platelet deplete of harvest	B.R.
38214	Volume deplete of harvest	B.R.
38215	Harvest stem cell concentrate	B.R.
78120	Red cell mass, single	48.46
78120 26	Red cell mass, single	7.28
78120 TC	Red cell mass, single	41.18
78121	Red cell mass, multiple	78.94
78121 26	Red cell mass, multiple	10.24

B.R. (By Report) - When you bill these codes, you must submit a report with your claim that documents the nature, extent, need, time, effort, and equipment necessary for the procedure or service. In some cases, you may also be required to provide additional information after MAA receives your claim.

NC – Not Covered

(CPT codes and descriptions are copyright 2002, American Medical Association.)

Blood Bank Services

Procedure Code/ Modifier	Brief Description	7/1/03 Maximum Allowable Fee
78121 TC	Red cell mass, multiple	\$68.93
82143	Amniotic fluid scan	7.78
82247	Bilirubin, total	5.22
82248	Bilirubin, direct	5.22
82668	Assay of erythropoietin	21.27
82784	Assay of gammaglobulin igm	10.52
82803	Blood gases: pH, pO2 & pCO2	13.79
83020	Hemoglobin electrophoresis	11.38
83020 26	Hemoglobin electrophoresis	12.29
83030	Fetal hemoglobin, chemical	9.36
83890	Molecule isolate	5.60
83892	Molecular diagnostics	5.60
83894	Molecular gel electrophor	5.60
83896	Molecular diagnostics	5.60
83898	Molecular nucleic amplification	23.42
83912	Genetic examination	5.60
83912 26	Genetic examinations	12.06
84460	Alanine amino (ALT) (SGPT)	5.99
85002	Bleeding time test	5.09
85013	Hematocrit	2.68
85014	Hematocrit	2.68
85018	Hemoglobin	2.68
85032	Manual cell count, each	4.87
85049	Automated platelet count	5.06
85130	Chromogenic substrate assay	13.46
85210	Blood clot factor II test	6.95
85220	Blood clot factor V test	18.44
85230	Blood clot factor VII test	15.79
85240	Blood clot factor VIII test	20.27
85245	Blood clot factor VIII test	25.97
85246	Blood clot factor VIII test	25.97
85247	Blood clot factor VII test	25.97
85250	Blood clot factor IX test	18.44
85260	Blood clot factor X test	20.27
85270	Blood clot factor XI test	18.44
85280	Blood clot factor XII test	21.90
85290	Blood clot factor XIII test	18.44

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Procedure Code/ Modifier	Brief Description	7/1/03 Maximum Allowable Fee
85291	Blood clot factor XII test	\$10.06
85292	Blood clot factor assay	21.43
95293	Blood clot factor assay	21.43
85300	Antithrombin III test	13.41
85301	Antithrombin III test	12.24
85302	Blood clot inhibitor antigen	13.61
85303	Blood clot inhibitor test, protein C	15.65
85305	Blood clot inhibitor assay, protein S	13.12
85306	Blood clot inhibitor test, protein S	17.34
85307	Assay activated protein c	17.34
85335	Iron stain, blood cells	14.57
85362	Fibrin degradation products	7.79
85366	Fibrinogen test	9.74
85370	Fibrinogen test	12.85
85378	Fibrin degradation	8.08
85384	Fibrinogen	9.10
85385	Fribrinogen	9.10
85410	Fibrinolytic antiplasminogen	8.72
85420	Fibrinolytic plasminogen	7.40
85421	Fibrinolytic plasminogen	11.53
85460	Hemoglobin, fetal	2.84
85461	Hemoglobin, fetal	7.50
85475	Hemolysin	9.78
85520	Heparin assay	14.81
85576	Blood platelet aggregation	24.31
85576 26	Blood platelet aggregation	12.29
85597	Platelet neutralization	20.35
85610	Prothrombin time	4.45
85635	Reptilase test	9.90
85660	RBC sickle cell test	6.25
85670	Thrombin time, plasma	6.54
85705	Thromboplastin inhibition	10.68
85730	Thromboplastin time, partial	6.58
85732	Thromboplastin time, partial	7.32
85999	Unlisted hematology procedure	B.R.
86021	WBC antibody identification	17.03
86022	Platelet antibodies	16.99

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Procedure Code/ Modifier	Brief Description	7/1/03 Maximum Allowable Fee
86023	Immunoglobulin assay	\$14.09
86078	Physician blood bank service	33.44
86317	Immunoassay, infectious agent	15.39
86329	Immunodiffusion	15.89
86592	Blood serology, qualitative	4.83
86593	Blood serology, quantitative	4.99
86644	CMV antibody	14.89
86645	CMV antibody, IgM	19.07
86687	Htlv-I antibody	9.49
86688	Htlv-ii antibody	15.85
86689	HTLV/HIV confirmatory test	27.05
86701	HIV-1	10.05
86702	HIV-2	15.29
86703	HIV-1/HIV-2, single assay	15.53
86704	Hep b core antibody, total	13.64
86705	Hep b core antibody, igm	13.32
86706	Hep b surface antibody	12.16
86793	Yersinia antibody	14.93
86803	Hepatitis c ab test	16.15
86804	Hep c ab test, confirm	17.53
86805	Lymphocytotoxicity assay	24.39
86807	Cytotoxic antibody screening	23.65
86821	Lymphocyte culture, mixed	63.89
86849	Immunology procedure	B.R.
86850	RBC antibody screen	7.78
86860	RBC antibody elution	B.R.
86870	RBC antibody identification	B.R.
86880	Coombs test	6.08
86885	Coombs test	6.47
86886	Coombs test	5.86
86890	Autologous blood process	112.03
86891	Autologous blood, op salvage	B.R.
86900	Blood typing, ABO	3.38
86901	Blood typing, Rh (D)	3.38
86903	Blood typing, antigen screen	10.68
86904	Blood typing, patient serum	10.76
86905	Blood typing, RBC antigens	3.95

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Procedure Code/ Modifier	Brief Description	7/1/03 Maximum Allowable Fee
86906	Blood typing, Rh phenotype	\$8.42
86920	Compatibility test	B.R.
86921	Compatibility test	B.R.
86922	Compatibility test	B.R.
86927	Plasma, fresh frozen	B.R.
86930	Frozen blood prep	B.R.
86931	Frozen blood thaw	B.R.
86932	Frozen blood freeze/thaw	B.R.
86940	Hemolysins/agglutinins, auto	9.28
86941	Hemolysins/agglutinins	13.71
86945	Blood product/irradiation	B.R.
86950	Leukocyte transfusion	3.66
86965	Pooling blood platelets	B.R.
86970	RBC pretreatment	B.R.
86971	RBC pretreatment	B.R.
86972	RBC pretreatment	B.R.
86975	RBC pretreatment, serum	B.R.
86976	RBC pretreatment, serum	B.R.
86977	RBC pretreatment, serum	B.R.
86978	RBC pretreatment, serum	B.R.
86985	Split blood or products	B.R.
86999	Transfusion procedure	12.99
87340	Hepatitis b surface ag, eia	11.69
87390	Hiv-1 ag, eia	19.97
87391	Hiv-2 ag, eia	19.97
87449	Ag detect nos, eia, mult	13.58
88240	Cell cryopreserve/storage	NC
88241	Frozen cell preparation	NC

Immune Globulins and Immunizations

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee
90281	Human ig, im	Not Covered (NC)
90283	Human ig, iv	NC
90287	Botulinum antitoxin	NC

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Blood Bank Services

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee
90288	Botulism ig, iv	NC
90291	Cmv ig, iv	NC
90296	Diphtheria antitoxin	NC
90371	Hep b ig, im	\$148.18
90375	Rabies ig, im/sc	65.95
90376	Rabies ig, heat treated	70.71
90378	Rsv ig, im, 50 mg	NC
90379	Rsv ig, iv	NC
90384	Rh ig, full-dose, im	NC
90385	Rh ig, minidose, im	NC
90386	Rh ig, iv	NC
90389	Tetanus ig, im	NC
90393	Vaccina ig, im	NC
90396	Varicella-zoster ig, im	95.68
90399	Immune globulin	NC
90780	IV infusion therapy, 1 hour	26.39
90781	IV infusion, additional hour	13.42
90782	Injection, sc/im	2.73
90783	Injection, ia	9.78
90784	Injection, iv	11.38
99001	Specimen handling	Bundled
99090	Computer Data Analysis	Bundled
99195	Phlebotomy	23.21

Processing of Blood Derivatives

Procedure Code/Mod	Brief Description	7/1/03 Maximum Allowable Fee
P9010	Blood (whole), each unit	\$55.11
P9011	Blood (split unit), specify amount	B.R.
P9012	Cryoprecipitate, each unit	26.20
P9016	Leukocyte poor blood, each unit	45.53
P9017	Plasma, fresh frozen, each unit	47.82
P9019	Platelet concentrate, each unit	B.R.
P9020	Platelet, rich plasma, each unit	B.R.
P9021	Red blood cells (RBC), packed cells, each unit	66.64

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Procedure Code/Mod	Brief Description	7/1/03 Maximum Allowable Fee
P9022	Washed RBC, washed platelets, each unit	\$20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	B.R.
P9031	Platelets, leukocytes reduced, each unit	B.R.
P9032	Platelets, irradiated, each unit	B.R.
P9033	Platelets, leukocytes reduced, irradiated, each unit	B.R.
P9034	Platelets, pheresis, each unit	B.R.
P9035	Platelets, pheresis, leukocytes reduced, each unit	B.R.
P9036	Platelets, pheresis, irradiated, each unit	B.R.
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	B.R.
P9038	Red blood cells, irradiated, each unit	B.R.
P9039	Red blood cells, deglycerolized, each unit	B.R.
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	B.R.
P9041	Infusion, albumin (human), 5%, 50 ml	13.16
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	13.16
P9044	Plasma, cryoprecipitate reduced, each unit	B.R.
P9045	Infusion, albumin (human), 5%, 250 ml	53.24
P9046	Infusion, albumin (human), 25%, 20ml	13.16
P9047	Infusion, albumin (human), 25%, 50ml	53.24
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	34.94
P9050	Granulocytes, pheresis, each unit	B.R.

Injectable Drugs and Anti-Hemophilic Factors

Procedure Code/Mod	Brief Description	7/1/03 Maximum Allowable Fee
J0850	Cytomegalovirus imm IV /vial	\$635.79
J1460	Gamma globulin 1 CC inj	10.32
J1470	Gamma globulin 2 CC inj	20.64
J1480	Gamma globulin 3 CC inj	31.00
J1490	Gamma globulin 4 CC inj	41.28
J1500	Gamma globulin 5 CC inj	51.60
J1510	Gamma globulin 6 CC inj	61.80
J1520	Gamma globulin 7 CC inj	72.17

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Procedure Code/Mod	Brief Description	7/1/03 Maximum Allowable Fee
J1530	Gamma globulin 8 CC inj	\$82.56
J1540	Gamma globulin 9 CC inj	92.97
J1550	Gamma globulin 10 CC inj	103.20
J1560	Gamma globulin > 10 CC inj	10.32 per cc
J1563	IV immune globulin	70.95
J1564	Immune globulin 10 mg	0.81
J1565	RSV-ivig	15.50
J1670	Tetanus immune globulin inj	111.25
J2597	Inj desmopressin acetate	3.12
J2790	Rho d immune globulin inj	98.79
J2792	Rho(D) immune globulin h, sd	19.25
J7190	Factor viii	0.79
J7191	Factor VIII (porcine)	1.85
J7192	Factor viii recombinant	1.14
J7193	Factor IX non-recombinant	1.01
J7194	Factor ix complex	0.33
J7195	Factor IX recombinant	1.01
J7197	Antithrombin iii injection	1.13
J7198	Anti-inhibitor	1.29
Q0187	Factor viia recombinant	1,517.04
Q2022	VonWillebrandFactrCmplxperIU	0.86
J3490	Drugs unclassified injection (Use for Stimant Nasal Spray)	Acquisition Cost



Note: Claims billed with unlisted drug code J3490 must include the National Drug Code (NDC), the strength, and the dosage of the drug given in the Comments section of the HCFA-1500 claim form.

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